

**CLAIMS ONLY**

**Application Number**

10/660310

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		• May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/				
2		/					52		/			
3		/					53		/			
4		/					54	/				
5		/					55		/			
6		/					56		/			
7							57		/			
8		/					58		/			
9		/					59		/			
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21		/					71					
22		/					72					
23		/					73					
24		/					74					
25		/					75					
26	/						76					
27		/					77					
28		/					78					
29		/					79					
30		/					80					
31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep	5						2					
Total Depend	72	←	←	←	←	←	7	←	←	←	←	←
Total Claims	77						9					

N  
P

9  
35